

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 3.1-A  
ITEM 2.c. Page 2

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial  
P.L.101-239 Care and Services  
Section 6404 Item 2.c. (cont'd)

B. Other Ambulatory Services

Services other than Core Services which are covered by Louisiana's Title XIX State Plan, and provided by an FQHC which meets the same standards as other enrolled providers.

- C. **Effective for dates of service July 13, 1995 and after**, each FQHC visit (i.e., encounter) is included as one of the twelve outpatient physician visits allowable per state fiscal year for Medicaid eligibles who are twenty-one years of age or older.

II. Standards for Participation

- A. The Federally Qualified Health Centers must meet the following requirements:

1. Receive Public Health Service grant funds under authority of Section 329, 330, or 340 of the Public Health Services Act or be designated by the Secretary of the Department of Health and Human Services as meeting the requirements to receive such a grant;
2. Comply with all federal, state, and local laws and regulations applicable to the services provided;
3. Enroll and be approved for participation in Louisiana's Title XIX program;
4. Sign a written provider agreement with the Bureau of Health Services Financing.

STATE <u>Louisiana</u>	A
DATE REC'D <u>05-27-96</u>	
DATE APPV'D <u>05-31-96</u>	
DATE EFF <u>07-13-95</u>	
HCFA 179 <u>96-03</u>	

N# 96-03 Approval Date 05/31/96 Effective Date 07/13/95  
versedes 95-37

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
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ITEM 2.c., Page 3

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LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION  
P.L.101-239  
Section 6404

Medical and Remedial  
Care and Services  
Item 2.c. (Contd.)

5. Comply with the terms of the provider agreement and all requirements of the Bureau of Health Services Financing including regulations, rules, handbooks, standards, and guidelines published; and
6. Bill for covered services in the manner and format prescribed by the Bureau of Health Services Financing.

STATE	<i>Louisiana</i>	A
DATE	OCT 05 1995	
DAI	DEC 06 1995	
DAI	JUL 13 1995	
HCFA 177	95-37	

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N# 95-37 Approval Date DEC 06 1995 Effective Date JUL 13 1995

versedes

90-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 3.1-a  
Item 3

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION  
42 CFR  
440.30

Medical and Remedial Care and Services  
Item 3.

Other Laboratory and X-Ray Services

The following limitations apply to X-Ray services provided by  
chiropractors:

1. Only the following CPT radiology procedure codes are payable:  
  
72010 72052 72080 72114 72020  
72069 72090 72120 72040 72070  
72100 72072 72050 72074 72110
2. The maximum expenditure for radiology procedures per recipient  
per state fiscal year is \$200 among all chiropractic providers.

TN# 97-24 Approval Date 3-18-97 Effective Date 10-21-97

Supersedes

TN# NONE / NEW PAGE

STATE	<u>LA</u>
DATE REC'D	<u>12-23-97</u>
DATE APPL'D	<u>10-21-97</u>
DATE EFF	<u>10-21-97</u>
HCFA 179	<u>97-24</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A  
Item 4.a.

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Citation

42 CFR 440.40  
405.1126

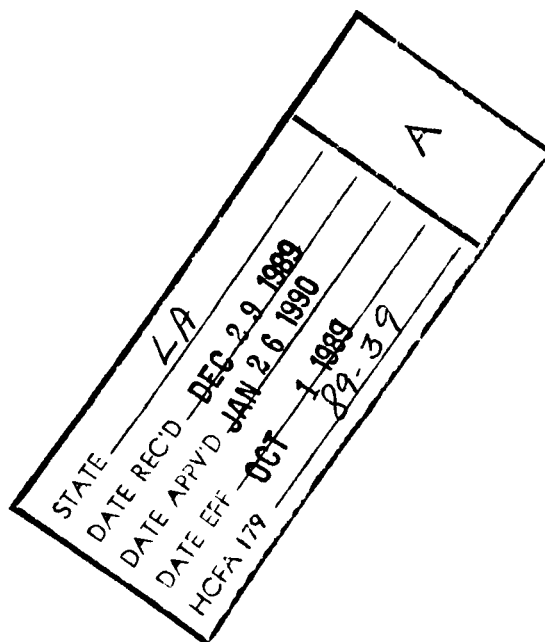
Medical and Remedial  
Item 4.a.

Skilled Nursing Facility (SNF)  
Services (other than services in an  
institution for mental diseases)  
for individuals 21 years of age or  
older are limited as follows:

If a SNF admits or retains a patient in need of rehabilitative services (physical, speech, language, and hearing therapy or occupational therapy) the facility is responsible for providing or arranging for, under written agreement, the necessary services as part of SNF services. There is no limit on the number of Rehabilitation services that may be provided a recipient in a SNF if such services are included in the treatment plan approved by the Prior Authorization Unit of the Bureau of Health Services Financing.

Agencies providing rehabilitative services in a SNF under written agreement must be Title XVIII certified and licensed by the Department of Health and Hospitals, Bureau of Health Services Financing, Health Standards Section.

Coverage is limited to services provided in Title XIX certified facilities. Providers must comply with Federal regulations and with any Standards for Payment and licensure and certification standards promulgated by the State.



TN No. 89-39 Approval Date JAN 26 1990 Effective Date OCT 1 1989  
Supercedes  
TN No. 87-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

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Item 4. b. Page 1

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR 441.57,  
Section 1905 of the  
Act, Section 6403 of  
OBRA 1989

Medical and Remedial  
Care and Services  
Item 4.b.

Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of  
Age and Treatment of Conditions Found

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects as well as physical and mental illnesses and conditions discovered by the screening service even when such health care is not otherwise covered under the State Plan to the extent that services on an outpatient basis are projected to be more cost effective than services provided on an inpatient basis.

Eyeglass Service

EPSDT eyeglasses are limited to three pair per year with provision for extending if medically necessary.

Personal Care Services

Personal Care Services (PCS) - EPSDT Personal Care Services are defined as tasks which are medically necessary as they pertain to an EPSDT eligible's physical requirements when physical limitations due to illness or injury necessitate assistance with eating, bathing, dressing, personal hygiene, bladder or bowel requirements.

1. Conditions for provision of EPSDT Personal Care Services (PCS) services are as follows:

- a. The recipient must be a categorically eligible Medicaid recipient aged birth through twenty years (EPSDT eligible) and have EPSDT personal care services prescribed by a physician.
- b. An EPSDT eligible must meet medical necessity criteria as determined by BHSF.

2. General Requirements

STATE <u>Louisiana</u>	A
DATE REC'D <u>09-15-95</u>	
DATE APP'D <u>10-27-95</u>	
DATE EFF <u>07-07-95</u>	
HCFA 177 <u>95-21</u>	

TN# 95-21 Approval Date 10/27/95 Effective Date 07/07/95  
Supersedes  
TN# 95-09

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MEDICAL ASSISTANCE PROGRAM  
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- a. EPSDT Personal Care Services shall be prior authorized by the Bureau of Health Services Financing or its designee.
- b. EPSDT Personal Care Services shall be provided in the recipient's home (defined as the recipient's own dwelling such as an apartment, a custodial relative's home, a boarding home, a foster home, a substitute family home) or, if medically necessary, in another location outside of the recipient's home such as a supervised living facility; these services are provided in a school setting only to the extent they do not duplicate services that must be provided by or are provided by the Department of Education.
- c. Personal Care Services shall be authorized only when provided by a licensed Personal Care Service (PCS) agency which is duly enrolled as a Medicaid provider. When determining whether a recipient qualifies for EPSDT PCS, consideration shall be given not only to the type of services needed, but also to the availability of family members and/or friends who can aid in providing such care. Staff assigned to provide personal care services to a recipient shall not be a member of the recipient's immediate family. (Immediate family includes father, mother, sister/brother if over 18 years old, aunt, uncle, grandparent, or any individual acting as parent or guardian of the recipient and who resides in the home with the recipient.) Personal Care Services may be provided by a person of a degree of relationship to the recipient other than immediate family if the relative is not living in the recipient's home or if he/she is living in the recipient's home solely because his/her presence in the home is necessitated by the amount of care required by the recipient. EPSDT PCS shall not be authorized as a substitute for child care arrangements.

STATE <u>Louisiana</u>	A
DATE RE <u>JUL 8 1995</u>	
DATE APPL <u>AUG 3 0 1995</u>	
DATE EFF <u>APR 0 1 1995</u>	
HCFA 179 <u>95-09</u>	

TN# 95-09 Approval Date AUG 3 0 1995 Effective Date APR 0 1 1995  
Supersedes  
TN# SUPERSEDES: NONE - NEW PAGE

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

**LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:**

3. EPSDT Personal Care Services (PCS) include the following:

- a. Basic personal care, toileting and grooming activities, including bathing, care of the hair and assistance with clothing.
- b. Assistance with bladder and/or bowel requirements or problems, including helping the recipient to and from the bathroom or assisting the recipient with bedpan routines, but excluding catheterization.
- c. Assistance with eating and food, nutrition, and diet activities, including preparation of meals for the recipient only.
- d. Performance of incidental household services essential to the recipient's health and comfort in his/her home. Examples of such activities are changing and washing bed linens used by the recipient and rearranging furniture to enable the recipient to move about more easily in his/her own home.
- e. Accompanying, but not transporting, the recipient to and from his/her physician and/or medical facility for necessary medical services.

4. Non-Covered Elements Under EPSDT Personal Care Services include, but are not limited to:

- a. EPSDT Personal Care Services to meet child care needs or as a substitute for the parent in the absence of the parent shall not be authorized by Medicaid nor billed by the provider.

STATE <u>Louisiana</u>	A
DATE FILED <u>JUL 07 1995</u>	
DATE <u>AUG 30 1995</u>	
DATE <u>APR 01 1995</u>	
HCFA 177 <u>95-09</u>	

TN# 95-09 Approval Date AUG 30 1995 Effective Date APR 01 1995

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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Attachment 3.1-A  
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
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**LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:**

- b. PCS services for the purpose of providing respite care to the primary care giver shall not be authorized by Medicaid nor billed by the provider.
  - c. EPSDT Personal Care Services provided in an educational setting shall be authorized by Medicaid only to the extent they do not duplicate services that must be provided by or are provided by the Department of Education.
  - d. Personal Care Services under the EPSDT program shall not be provided in an institutional setting. Services provided in an institution (such as a hospital, institution for mental disease(s), nursing facility, intermediate care facility for the mentally retarded or residential treatment center) are not reimbursable under this section of the Plan.
  - e. Dates of care not included in the Plan of Care or provided prior to approval of the Plan of Care or which have not been timely re-authorized by BHSF, are not reimbursable.
5. The following services are not appropriate for personal care and are not reimbursable as Personal Care Services under EPSDT:

- a. Insertion and sterile irrigation of catheters (although changing of a catheter bag is allowable).
- b. Irrigation of any body cavities which require sterile procedures.
- c. Application of dressing, involving prescription medication and aseptic techniques, including care of mild, moderate or severe skin problems.

STATE <i>Louisiana</i>	
DATE REC'D	JUL 07 1995
DATE APPV'D	AUG 30 1995
DATE EFF	APR 01 1995
HCFA 179	<i>93-09</i>
A	

N# *93-09* Approval Date AUG 30 1995 Effective Date APR 01 1995  
Supersedes  
TN# SUPERSEDES: NONE - NEW PAGE



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- d. Administration of injections of fluid into veins, muscles or skin.
- e. Administration of medicine (as opposed to assisting with self-administered medication for EPSDT eligibles over eighteen years of age).
- f. Domestic chores other than those incidental to the care of the recipient such as cleaning of floor and furniture in an area not occupied by the recipient, laundry other than that incidental to the care of the recipient, and shopping for groceries or household items other than items required specifically for the health and maintenance of the recipient.
- g. Skilled nursing services, as defined in the State Nurse Practices Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks.
- h. Teaching a family member or friend how to care for a patient who requires frequent changes of clothing or linens due to total or partial incontinence for which no bowel or bladder training program for the patient is possible.
- i. Specialized nursing procedures such as insertion of nasogastric feeding tube, in-dwelling catheter, tracheostomy care, colostomy care, ileostomy care, venipuncture and/or injections.
- j. Rehabilitative services such as those administered by a physical therapist.
- k. Teaching a family member or friend techniques for providing specific care.

STATE	<i>Louisiana</i>
DATE REC'D	JUL 07 1995
DATE APPV'D	AUG 30 1995
DATE EFF	APR 01 1995
HCFA 179	95-09

A

N# 95-09 Approval Date AUG 30 1995 Effective Date APR 01 1995  
Supersedes  
TN# SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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Item 4. b. Page 6

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
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LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- l. Palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions.
- m. Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process.
- n. Specialized aide procedures such as:
  - i) rehabilitation of the patient (exercise or performance of simple procedures as an extension of physical therapy services);
  - ii) measuring/recording patient vital signs (temperature, pulse, respirations and/or blood pressure, etc.) or intake/output of fluids;
  - iii) specimen collection;
  - iv) special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercises, weight measurement, and enemas;
- o. Home IV therapy;
- p. Custodial care or provision of only instrumental activities of daily living tasks or provision of only one (1) activity of daily living task;
- q. Occupational therapy, speech pathology services, audiology services, and respiratory therapy;

STATE <u>Louisiana</u>	A
DATE REC'D <u>JUL 07 1995</u>	
DATE APP'D <u>AUG 30 1995</u>	
DATE EFF <u>APR 01 1995</u>	
HCFA 179 <u>95-09</u>	

IN# 95-09 Approval Date AUG 30 1995 Effective Date APR 01 1995  
Supersedes  
TN# SUPERSEDES: NONE - NEW PAGE